



AUTOMATIC AMUSEMENT & ENTERTAINMENT LICENSE APPLICATION

**FORM MUST BE FILLED OUT COMPLETELY
PLEASE PRINT CLEARLY**

Type of License - Please check the appropriate box(es):

Entertainment ☐ *Automatic Amusement Device* ☐

Name of Business as it will appear on your license:

_____ DBA _____

Address of Business: _____ **Parcel ID Map** ____ **Lot** ____

Telephone Number of Business: _____

Owner ☐ Renter ☐ If you do not own the property where the business will be operated please complete the Landlord information.

Landlord's Name: _____ **Cell:** _____ **Address:** _____

**Describe in specific detail what the Automatic Amusement Devices are that are
being requested:**

Please provide floor plan - Indoor ☐ Outdoor ☐

Describe in specific detail the type(s) of Entertainment that you are requesting:

Please provide floor plan - Indoor ☐ Outdoor ☐

Contact Information:

Owner/Manager (s) Name: _____

Home Address: _____

E-Mail Address: _____

Cell Number: _____ Home Number: _____

Owner/Manager Signature

Date

Please return to the Select Board's Office at 108 Main Street, Carver MA 02330
Telephone: 508-866-3401

For Town Use Only

Authorization:

Fire Department

Date

Police Department

Date

Building Department

Date